MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		(1)				
6		(0)				
7		(0)				
8		(0)				
9	1					
10		1				
11		2				
12		2				
13		(1)				
14		(0)				
15		(0)				
16		(0)				
17		(0)				
18		(0)				
19		(0)				
20		3				
21	1					
22		(1)				
23		(0)				
24		(0)				
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50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS